

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only		
Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 40135146
International application No. PCT/AU99/00665	International filing date (day/month/year) 16 August 1999 16.08.99	(Earliest) Priority date (day/month/year) 14 August 1998 14.08.98
Title of invention Surgical visual Feedback and Eye Fixation Method and Apparatus		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) The Lions Eye Institute of Western Australia Incorporated 2 Verdun Street Nedlands, Western Australia 6009 AUSTRALIA		Telephone No.: Facsimile No.: Teleprinter No.:
State (that is, country) of nationality: AUSTRALIA		State (that is, country) of residence: AUSTRALIA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) VAN SAARLOOS, Paul Phillip 14 Dunster Road Karrinyup, Western Australia 6018 AUSTRALIA		
State (that is, country) of nationality: AUSTRALIA		State (that is, country) of residence: AUSTRALIA
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DISHLER, Jon DTC Eye Surgery Centre/Laser Institute of the Rockies 8400 East Prentice Avenue, Suite 1200 Engelwood, Colorado 80111 UNITED STATES OF AMERICA		
State (that is, country) of nationality: UNITED STATES OF AMERICA		State (that is, country) of residence: UNITED STATES OF AMERICA
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country.)

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 CHERRY, James
 DI GIANTOMASSO, Frank
 CALLINAN, Keith
 JONES, Paul
 DAVY, John
 TULLOCH, Debra

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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☐ as originally filed

☐ as amended under Article 34

the claims ☐ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☐ as amended under Article 34

the drawings ☐ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

☒ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary application.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|----|---|---|--------|
| 1. | translation of international application | : | sheets |
| 2. | amendments under Article 34 | : | sheets |
| 3. | copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. | copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. | letter | : | sheets |
| 6. | other (<i>specify</i>) | : | sheets |

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received	not received
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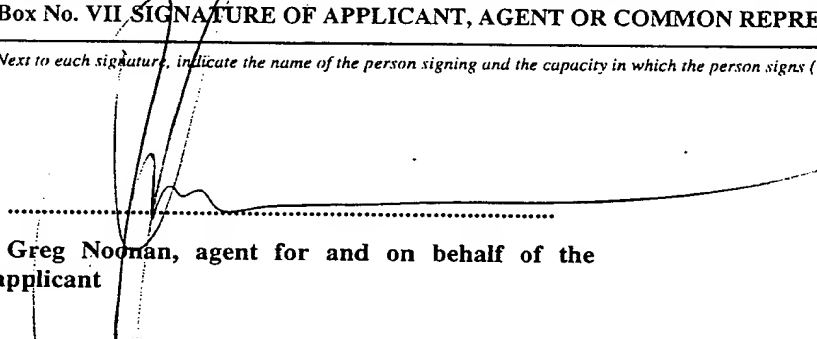
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number if any | 5. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


.....
Greg Noonan, agent for and on behalf of the applicant

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- | | | |
|----|---|---|
| 1. | Date of actual receipt of DEMAND: | |
| 2. | Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b): | |
| 3. | <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. | <input type="checkbox"/> The applicant has been informed accordingly. |
| 4. | <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5. | |
| 5. | <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | |

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Demand received from IPEA on: